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ABSTRACT

This study used archival data to examine adult charges and court outcomes for 82 individuals who had been treated in public mental health programs as adolescents. Subjects' clinical records from their adolescent day treatment (18 percent), residential (23 percent) or hospital program (58 percent) were reviewed for sociodemographics, clinical diagnosis, treatment variables, significant history, and family configuration. Review of information from criminal offender records found that subjects had a total of 117 arraignments and 352 charges. Male gender, clinical record of court involvement, and younger age of admission to treatment were significant and correctly classified 79.3 percent of court involvement cases. Subjects were most likely to be charged at age 18, with most of the charges coming between ages 17-20. The most common group of charges were for serious property offenses followed by serious offenses on persons. Charged subjects did not contest or were found guilty of 77 percent of all charges and 38 percent of charged individuals were sentenced to some prison time. Findings indicate that many youth served in intensive public mental health programs will have significant adult corrections involvement. (Contains references.) (DB)

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Adult Arrests Records and Court Outcomes of Adolescents with Serious Emotional Disturbance

Introduction

Previous studies have demonstrated that many youth with serious emotional disturbance (SED) are arrested between adolescence and adulthood (Wagner, D'Amico, Marder, Newman & Blackorby, 1992; Brown & Greenbaum, 1995). Some of the factors associated with lifetime arrest or incarceration included dropping out of school (Wagner et al., 1992), being older, male, of minority ethnicity, having a lower reading grade level, having conduct disorders and externalizing behavior symptoms, and not having phobic disorders (Brown & Greenbaum, 1995). Neither of these studies examined differences between juvenile and adult charges. Understanding the risk of adult charges helps determine whether youth with SED continue to be at risk for arrest, or whether this phenomenon begins or desists in adulthood. Understanding who is at greatest risk for adult arrest may also guide preventive interventions. The present study used archival data to examine adult charges and court outcomes for adults who had been treated in public mental health services as adolescents.

Methods

Subjects consisted of 82 individuals who had received publicly contracted adolescent mental health services in the greater Boston area between 1988 and 1994. Subjects were between 21.5- 28.5 years of age as of July 1, 1996. The clinical

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record of each subject was reviewed from their adolescent day treatment (18%), residential (23%) or hospital program (58%). Subject sociodemographics, clinical diagnosis, treatment variables, significant history, and family configuration were recorded from the clinical record. Clinical records indicated that subjects were 51% male, 38% minority, and 50% came from single-parent households. The average number of prior hospitalizations was 2.6 ($S.D.=2.0$). The most common clinical diagnosis was a mood disorder (49%), followed by anxiety or personality disorders (27% each), disruptive behavior disorders (25%) and substance abuse disorders (15%). Twelve percent had a psychotic disorder diagnosis.

Subject identification numbers were generated from their name, gender and birthdate, and were used to search the data base of all clients receiving case management services from the department of mental health. This database records the frequency of case management encounters, the duration of hospitalizations, and the frequency of emergency room contacts for case managed clients. Their name, gender, birthdate, and social security numbers were used to search the Criminal Offender Record Information (CORI) system. The CORI contains the arraignments and dispositions heard and rendered in all Massachusetts' state adult criminal courts. CORI records were not available for juvenile court involvement, thus the present study does not assess the contribution of juvenile delinquency to adult charges. CORI records were accessed on July 1, 1996, at which point subjects had been discharged from the adolescent treatment program for an average of 5.9 years ($S.D.=1.4$).

Chi square analyses were conducted to examine differences on categorical variables between individuals who had and had not had an arraignment on an adult charge. *T*-tests were used to examine differences in continuous variables among arraigned and non arraigned individuals. Logistic

regression was used to examine how variables predicted the odds of arrest while controlling for all other variables. Three regression analyses were conducted. The first examined just the variables from the clinical record. The second added whether adult case management services had been received, the number of years since discharge, and age as of 7/1/96. The third and fourth conducted the same analysis for males only (the sample size was too small to examine these among females).

Results

Subjects had a total of 117 arraignments and 352 charges in CORI records. Overall, 37 of the 82 subjects (45%) had at least one adult charge. The average number of charges per charged individual was 9.0 ($S.D.=11.4$), with a range of 1-56. The average age at the time of the first adult charge was 18.6 years ($S.D.=1.7$). Chi square analysis revealed significant differences in gender (67% of males and 23% of females had been arraigned); adolescent treatment program (27% of day treatment, 32% of residential, and 56% of hospitalized subjects had been arraigned); and history of court involvement noted in clinical record (91% of those with court history in clinical record had been arrested versus 39% of those without): Chi squares gender ($df=1$)=14.4, $p<.001$; treatment program ($df=4$)=12.7, $p<.02$; court history ($df=1$)=7.7, $p<.01$. Minority status, clinical diagnosis, single parent head of household, discharge residence type, and whether or not they had received adult case management services were not significantly different.

As can be seen from Table 1, *t*-tests revealed significant differences in age at first hospitalization [$t(df=66)=2.03$, $p<.05$], age at admission to the adolescent treatment [$t(df=80)=3.50$, $p=.001$], and the number of years since adolescent discharge [$t(df=78)=3.8$, $p<.001$]. There were no significant differences in their age in 1996, the number of prior

hospitalizations or out-of-home placements, the length of stay, or the discharge global assessment of functioning levels. Entering all adolescent clinical records variables into logistic regression revealed that male gender ($OR=3.8$), clinical record of court involvement ($OR=12.9$), and younger age of admission to adolescent program ($OR=0.4$) were significant, and correctly classified 79.3% of cases. Adding adult case management, age in 1996, and the number of years since adolescent discharge to clinical records variables revealed significant effects of male gender ($OR=8.3$), and more years since adolescent discharge ($OR=1.9$). Charged males averaged more charges than did charged females [males mean = 10.8 ± 12.3 S.D., females mean = 2.6 ± 2.2 S.D., $t(df=33.3)=3.4$, $p<.003$]. No regression models could be generated to predict the odds of being charged within males from clinical record variables, but more years since adolescent discharge ($OR=2.0$) did significantly predict risk, and correctly classified 71.4%.

Analysis of the number of adult charges per person per age, among those who had been charged, revealed that subjects were most frequently charged

at age 18, with most of the charges encompassed between ages 17-20 (see Figure 1). Twenty-eight percent of all subjects had been charged with an adult charge before turning 18 years, another 11% had been arrested before turning 19, the remaining 6% were arrested by the age of 22.

The most common group of charges were serious property offenses (e.g. theft, grand larceny), followed by serious offenses on persons (e.g. assault and battery with a dangerous weapon, assault to kill). Misdemeanors involving public disorder and car or driving-related offenses were also common (see Figure 2). Seventy percent of charged individuals had been charged with misdemeanors involving public disorder and car or driving-related offenses, 54% had a serious property charge, and 46% had a serious crime on person charge (see Figure 2). Examination of the most serious offense with which individuals were charged revealed gender differences [chi square ($df=7$) = 14.5, $p<.05$]. The most serious charge for males was overwhelmingly serious crimes on person (71% of males vs. 22% of females), followed by serious on property (11%), drug-related (7%), threatening (7%) and other misdemeanors (7%). While the most common most serious charge for females (33%) was misdemeanors of public disorder, larceny and auto-related, followed by serious on person or property (22% each), sex-related misdemeanors and other types of offenses (11% each).

Charged subjects did not contest or were found guilty of 77% of all charges, and 38% of charged individuals were sentenced to some time. The CORI does not record the amount of time served.

Table 1
Characteristics of Charged Adults

Variable	(N)	Charged Mean (S.D.)	Not Charged Mean (S.D.)
Age at 1st Hospitalization	68	14.0 (3.6)	15.4 (2.3)**
Age at Adolescent Admission	82	17.0 (1.6)	18.0 (0.9)*
Time since Discharge (yrs)	80	6.5 (1.5)	5.4 (1.1)*
Age in 1996	82	23.6 (1.4)	23.6 (1.1)
Length of Stay (days)	80	58.6 (55.3)	86.0 (130.1)
Discharge Global Assessment of Functioning	44	44.5 (16.5)	46.7 (11.0)
# Prior Placements	81	4.5 (3.9)	5.2 (5.4)
# Prior Hospitalizations	68	2.8 (1.9)	3.1 (2.0)

t test * $p<.01$, ** $p<.05$

Figure 1
Charges by Age

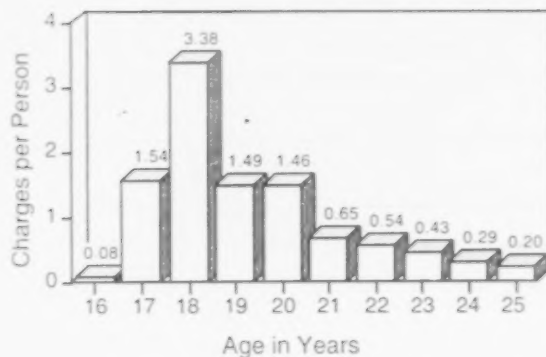
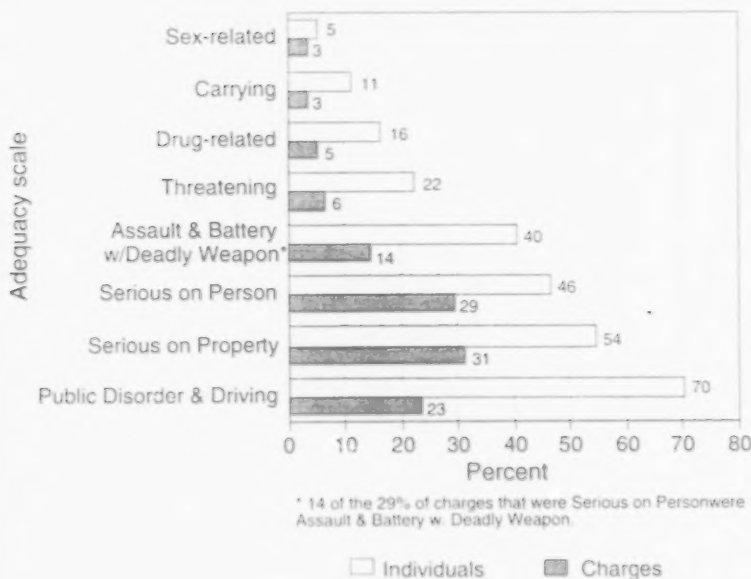


Figure 2
Distribution of Types of Charges



Conclusions

Many youths, especially boys, served in intensive public mental health services will have significant adult corrections involvement. The period of greatest risk of adult arrest is between 17 and 20 years of age. Those who are charged are found guilty of serious offenses, though this is less so for females. While the current study was suggestive of risk factors, many likely risk factors, such as peer or family relations, could not be captured from clinical records. More detailed, prospective studies, with large sample sizes, are needed to identify factors that differentiate between those most at risk of getting into trouble with the law as adults. It is particularly important to determine the specific contribution of SED to that risk. Finally, those treating adolescents with SED need to be aware of the likelihood of them becoming involved with adult corrections, and programs and interventions need to be targeted to prevent this poor outcome.

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